

<b>Case Number:</b>	CM14-0115425		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/19/2001
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 53-year-old female who was injured on December 19, 2001. The patient continued to experience neck pain. Diagnoses included degenerative cervical spondylosis, myofascial pain syndrome, and pain disorder with psychological condition. Treatment included medications, psychotherapy, surgery, chiropractic therapy, and cervical collar. Requests for authorization for Nuvigil 100 mg # 60 was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Nuvigil 100mg; BID #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (web: updated 6/10/14) Armodafinil (Nuvigil)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Armodafinil

**Decision rationale:** Nuvigil is armodafinil. It is not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. In this case the nuvigil was prescribed to counteract the drowsiness

that the patient experienced as a side effect of the opioid medications she is taking. Nuvigil is not recommended for this condition. The request is not medically necessary.